

Tracheostomy Care

What is a tracheostomy?

A tracheostomy is an opening (made by an incision) through the neck into the trachea (windpipe). A tracheostomy opens the airway and aids breathing.

A tracheostomy may be done in an emergency, at the patient's bedside or in an operating room. Anesthesia (pain relief medication) may be used before the procedure. Depending on the person's condition, the tracheostomy may be temporary or permanent.

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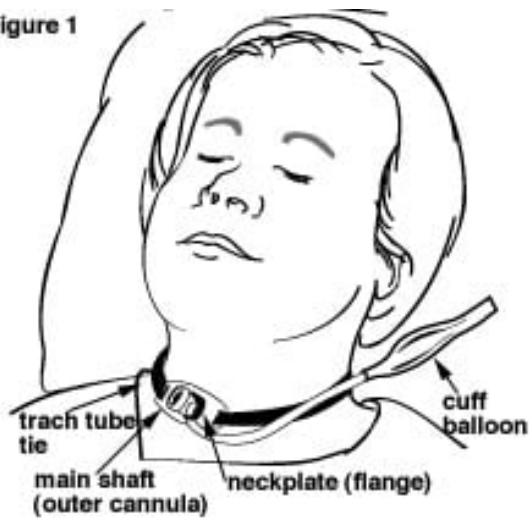
When is a tracheostomy considered?

A tracheostomy may be performed for the following conditions:

- Obstruction of the mouth or throat
- Breathing difficulty caused by edema (swelling), injury or pulmonary (lung) conditions
- Airway reconstruction following tracheal or laryngeal surgery
- Airway protection from secretions or food because of swallowing problems
- Airway protection after head and neck surgery
- Long-term need for ventilator (breathing machine) support

What is a tracheostomy tube?

Figure 1



A typical cuffed tracheostomy tube.
The trach tube is held in place with
tube ties that go around your neck.

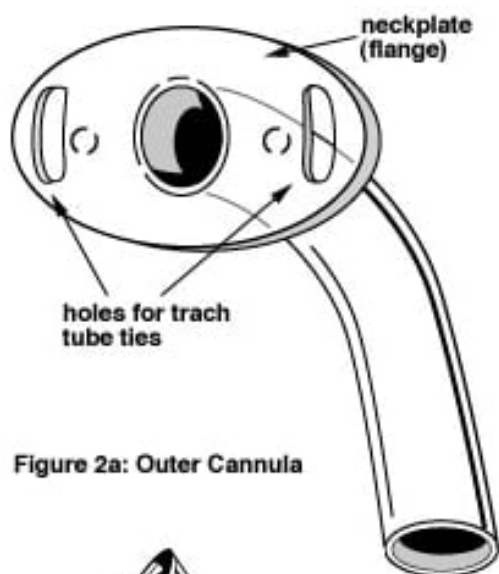


Figure 2a: Outer Cannula



Figure 2b:
Inner Cannula

A tracheostomy (trach) tube is a small tube inserted into the tracheostomy to keep the stoma (opening) clear.

Tracheostomy tubes are available in several sizes and materials including semi-flexible plastic, rigid plastic or metal. The tubes are disposable or reusable. They may have an inner cannula that is either disposable or reusable. The tracheostomy tube may or may not have a cuff. Cuffed trach tubes are generally used for patients who have swallowing difficulties or who are receiving mechanical ventilation. Non-cuffed trach tubes are used to maintain the patient's airway when a ventilator is not needed. The choice of tube is based on your condition, neck shape and size and purpose of the tracheostomy.

All trach tubes have an outer cannula (main shaft) and a neck-plate (flange). The flange rests on your neck over the stoma (opening). Holes on each side of the neck-plate allow you to insert trach tube ties to secure the trach tube in place.

What do I need to know after going home with a tracheostomy?

- Immediately after the tracheostomy, you will communicate with others by writing until your healthcare provider gives you instruction for communication techniques.
- Do not remove the outer cannula unless your healthcare provider has instructed you to do so.
- Use tracheostomy covers to protect your airway from outside elements (such as dust, cold air, etc.) Ask your healthcare provider for more information about tracheostomy covers and where to purchase them.

When should I call my healthcare provider?

Contact your healthcare provider or physician immediately:

- If you have an irregular heart rate.
- If you feel increased pain or discomfort.

Note: It is normal to feel some pain and discomfort for about a week after the tracheostomy procedure.

- If you have difficulty breathing and it is not relieved by your usual method of clearing secretions.
- When secretions become thick, if crusting occurs or mucus plugs are present. Your physician may recommend increasing your fluids or using cool mist humidification.
- If you have any other problems or concerns.

How do I take care of my tracheostomy tube?

Your nurse will teach you the proper way to care for your tracheostomy tube before you go home. Routine tracheostomy care should be done at least once a day after you are discharged from the hospital.

1. Gather the following supplies:

- * Two non-sterile gloves
- * A clean basin (or sink)
- * Hydrogen peroxide
- * Clean 4 x 4 fine mesh gauze pads
- * Normal saline or tap water (Use distilled water if you have a septic tank or well water)
- * Clean cotton-tipped swabs
- * Clean pipe cleaners or small brush
- * Clean washcloth
- * Clean towel
- * Trach tube ties
- * Clean scissors

1. Wash your hands thoroughly with soap and water.
2. Stand or sit in a comfortable position in front of a mirror (in the bathroom over the sink is a good place to care for your trach tube).
3. Put on the gloves.
4. Suction the trach tube. (Your healthcare provider will give you more information about the suctioning procedure).
5. If your tube has an inner cannula, remove it. (If the trach tube does not have an inner cannula, go to step 12.)
6. Hold the inner cannula over the basin and pour the hydrogen peroxide over and into it. Use as much hydrogen peroxide as you need to clean the inner cannula thoroughly.
7. Clean the inner cannula with pipe cleaners or a small brush.
8. Thoroughly rinse the inner cannula with normal saline, tap water or distilled water (if you have a septic tank or well water).
9. Dry the inside and outside of the inner cannula completely with a clean 4 x 4 fine mesh gauze pad.
10. Reinsert the inner cannula and lock it in place.
11. Remove the soiled gauze dressing around your neck and throw it away.
12. Inspect the skin around the stoma for redness, hardness, tenderness, drainage or a foul smell. If you notice any of these conditions, call your nurse or physician after you finish routine care.
13. Soak the cotton-tipped swabs in a solution of half hydrogen peroxide and half water. Use the swabs to clean the exposed parts of the outer cannula and the skin around the stoma.
14. Wet the wash cloth with normal saline, tap water or distilled water. Use the wash cloth to wipe away the hydrogen peroxide and clean the skin.
15. Dry the exposed outer cannula and the skin around the stoma with a clean towel.
16. Change the trach tube ties.

* Measure and cut a piece of tie long enough to go around your neck twice. Cut the tie at an angle (Illustration 17c.) so it is easier to insert the tie into the neck-plate.

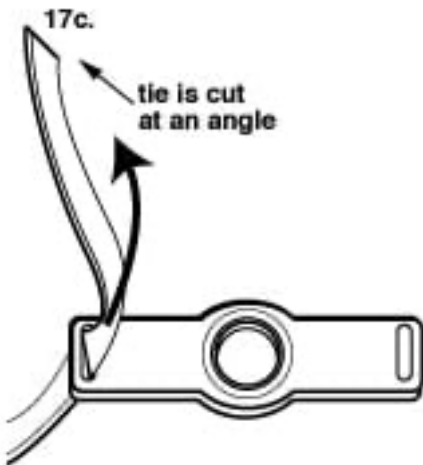
* Untie one side of the old tie and remove that side from the neck-plate. Do not completely remove the old tie until the new

one is in place and is securely fastened.

* Holding the trach tube in place, lace the tie through one hole of the neck-plate, around the back of your neck, through the other hole of neck-plate, and again around the back of your neck.

* Pull the tie snugly and tie a square knot on the side of your neck. There should be enough space for no more than two fingers between the tie and your neck. (Illustration 17d.)

* Cut, remove and discard the old tie. If you have a cuffed trach tube, be careful not to cut the cuff balloon when removing the old trach tube tie.



1. Place a fine mesh gauze under the tracheostomy tie and neck-plate by folding it or cutting a slit in it.

*Note: Some brands of mesh gauze are pre-cut.

Important: Do not use 4 x 4 gauze or toppers – they contain cotton fibers which could clog your airway. *

2. Remove your gloves and throw them away.
3. Wash your hands with soap and warm water.
4. Wash the basin and small brush with soap and warm water. Dry them and put them away.
5. Put the used washcloth and towel in the laundry.
6. Wash your hands again with soap and warm water.